

16959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 7 1944

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2129

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1107 Linwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community 44 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Sandwith Hartley

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emily Wheadon Hartley 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased September 11 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 30 If less than one day 29 hr. min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Board of Trade Grain & Feed

12. Name William S. Hartley

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Boyce

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Evelyn Hartley

(b) Address 1107 Linwood Blvd., K. C., Mo.

17. (a) Cremation (b) Date thereof 5-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-11-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1107 Linwood
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1943 hour 12:01 minute P. M.

21. I hereby certify that I attended the deceased from May 3-1943
_____, 19____, to May 10, 19____
that I last saw him alive on May 10, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertatic pneumonia

Due to chronic myocarditis

Due to Senility 9321

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature James E. Waller (M. D. or other)

Address 11424 Profen. Bldg Date signed 5-10-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. James C. Walker

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. M. Plouffe

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.